



**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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September 30 2016

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From: Philip L. Browning  
Director

**DAVID AND MARGARET HOME GROUP HOME CONTRACT COMPLIANCE REVIEW**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the David and Margaret Home Group Home (the Group Home) in May 2015. The Group Home has one licensed site located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children, Probation placed youth, and children from other counties. According to the Group Home's program statement, its stated mission is, "to provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior."

The Group Home has a 50-bed site and is licensed to serve a capacity of 50 girls, ages 11 through 17. At the time of the review, the Group Home served 22 DCFS placed children and seven Probation placed youth. The placed children's average length of placement was eight months and their average age was 17.

**SUMMARY**

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home, having been provided with good care and appropriate services, being comfortable in their environment, and being treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 areas of CAD's Contract Compliance Review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medications; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely and Community Care Licensing (CCL)

*"To Enrich Lives Through Effective and Caring Service"*

citations; Facility and Environment, related to the common areas and children's bedrooms not being well maintained; Maintenance of Required Documentation and Service Delivery, related to not obtaining DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), Initial and Updated NSPs not being developed timely; and Personal Rights and Social/Emotional Well-Being, related to not having appropriate staffing and supervision, and the rewards and discipline system not being fair.

Attached are the details of CAD's review.

### **REVIEW OF REPORT**

On May 29, 2015, Vanessa Gutierrez, DCFS CAD held an exit conference with the Group Home representative, Cheryl L. Kroll, Residential Program Administrator. DCFS staff included Thomas Manning, Out-of-Home Care Management Division (OHCMD).

The Group Home representative agreed with the review findings and recommendations, was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards, and was in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this report. On August 14, 2015, the OHCMD provided the Group Home with technical assistance to help the Group Home in implementing the recommendations noted in this report.

CAD conducted a follow-up visit on October 19, 2015, to verify implementation of the CAP.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530.

PLB:KR  
LTI:ea

#### **Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Calvin C. Remington, Interim Chief Probation Officer  
Public Information Office  
Sybil Brand Commission  
Audit Committee  
Charles C. Rich, LCSW, Executive Director David and Margaret Home  
Lenora Scott, Regional Manager, Community Care Licensing Division  
Lajuannah Hills, Regional Manager, Community Care Licensing Division

**DAVID AND MARGARET HOME GROUP HOME  
CONTRACT COMPLIANCE REVIEW SUMMARY**

Rate Classification Level 12  
License No. 191500192

	<b>Contract Compliance Review</b>	<b>Findings: May 2015</b>
I	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation Needs Met</li> <li>3. Vehicle Maintained In Good Repair</li> <li>4. Timely, Cross-Reported SIRs</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>8. Detailed Sign In/Out Logs for Placed Children</li> <li>9. CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Improvement Needed</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> </ol>
II	<b><u>Facility and Environment</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Well Maintained</li> <li>3. Children's Bedrooms Well Maintained</li> <li>4. Sufficient Recreational Equipment/Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Food</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
III	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Capacity and Program Statement</li> <li>2. DCFS Children's Social Worker's Authorization to Implement Needs and Services Plans (NSPs)</li> <li>3. NSPs Implemented and Discussed with Staff</li> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> <li>7. DCFS Children's Social Workers Monthly Contacts Documented</li> <li>8. Children Assisted in Maintaining Important Relationships</li> <li>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation</li> <li>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> <li>10. Improvement Needed</li> </ol>

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IV	<b><u>Educational and Workforce Readiness</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</li> <li>3. Current Report Cards/Progress Reports Maintained</li> <li>4. Children's Academic Performance and/or Attendance Increased</li> <li>5. Group Home Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs</li> </ol>	Full Compliance (All)
V	<b><u>Health and Medical Needs</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ol>	Full Compliance (All)
VI	<b><u>Psychotropic Medication</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (All)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (13 Elements) <ol style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Appropriate Staffing and Supervision</li> <li>4. Group Home's Efforts to Provide Nutritious Meals and Snacks</li> <li>5. Staff Treat Children with Respect and Dignity</li> <li>6. Appropriate Rewards and Discipline System</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend or Not Attend Religious Services/Activities</li> <li>9. Children's Chores Reasonable</li> <li>10. Children Informed About Their Medication and Right to Refuse Medication</li> <li>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (Group Home, School, and Community)</li> <li>13. Children Given Opportunities to <u>Participate</u> in</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Improvement Needed</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> <li>13. Full Compliance</li> </ol>

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	Extra-Curricular, Enrichment and Social Activities (Group Home, School, and Community)	
VIII	<b><u>Personal Needs/Survival and Economic Well-Being</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children Involved in the Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with a Life Book or Photo Album</li> </ol>	Full Compliance (All)
IX	<b><u>Discharged Children</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (All)
X	<b><u>Personnel Records</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ) and Child Abuse Central Index (CACI) Submitted Timely</li> <li>2. Timely Completed Criminal Background Statement</li> <li>3. Education/Experience Requirement</li> <li>4. Employee Health Screening/TB Clearances Timely</li> <li>5. Valid Driver's License</li> <li>6. Signed Copies of Group Home Policies and Procedures</li> <li>7. All Required Training</li> </ol>	Full Compliance (All)

**DAVID AND MARGARET HOME GROUP HOME  
CONTRACT COMPLIANCE REVIEW  
FISCAL YEAR 2014-2015**

**SCOPE OF REVIEW**

The following report is based on a "point in time" review. This compliance report addresses findings noted during the May 2015 compliance review. The purpose of this review was to assess David and Margaret Group Home's (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's program statement as well as internal administrative policies and procedures. The review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, four Department of Children and Family Services (DCFS) placed children and one Probation placed youth were selected for the sample. The Contracts Administration Division (CAD) interviewed the five children. During the site visit, the children were observed to be comfortable and well cared for in the Group Home and staff were observed to be responsive to the children's needs. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, five placed children were prescribed psychotropic medication. Each child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and required documentation of psychiatric monitoring.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the quality of care and supervision provided to the placed children.

**CONTRACTUAL COMPLIANCE**

CAD found the following four areas out of compliance:

**Licensure/Contract Requirements**

- Special Incident Reports (SIRs) were not submitted timely.

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The Group Home submitted seven SIRs via the I-Track database during this review period. CAD found that one SIR due by September 24, 2014, was not submitted until September 28, 2014.

During the exit conference, the Group Home representative acknowledged the error in SIR submission and stated that a new internal SIR submission protocol that involves Group Home supervisors will be implemented. The Group Home provided documentation to verify that all Group Home staff received an internal memo on the new SIR submission protocol on July 29, 2015.

CAD conducted a site follow-up visit on October 19, 2015, and found that SIRs submitted since May 2015, were reviewed and submitted timely.

- Community Care Licensing (CCL) citations.

CCL cited the Group Home as a result of deficiencies and findings noted during a facility visit on April 10, 2014. According to the report, it was observed that the metal screens were off track or had gaps. A civil penalty of \$50.00 per day was assessed effective March 29, 2014 until April 3, 2014, for a total amount of \$300. The Plan of Correction (POC) was cleared by CCL on April 3, 2014.

CCL cited the Group Home as a result of deficiencies and findings on August 14, 2014. According to the report dated August 24, 2014, CCL substantiated a manual restraint violation against a staff that used inappropriate techniques to restrain a child during a fight. CCL requested a POC which required re-training the staff in appropriate emergency intervention (Pro-Act refresher as well as Group Home policy and procedure refresher training) that was due by September 15, 2014. The POC was cleared by CCL on September 9, 2014.

CCL cited the Group Home as a result of deficiencies and findings on September 19, 2014. According to the report, CCL substantiated a personnel requirement violation against a staff that made errors in medication distribution to children. CCL requested a POC which included re-training the staff on medication distribution that was due by October 17, 2014. The POC was cleared by CCL on October 23, 2014.

CCL cited the Group Home as a result of deficiencies and findings on February 10, 2015. According to the report dated February 10, 2015, CCL substantiated a care and supervision violation because some children had sunburns following an outing to the beach. CCL requested a POC which included refresher training. The POC was cleared by CCL on February 13, 2015.

CCL cited the Group Home on April 10, 2014, during a follow-up visit for deficiencies and findings related to a prior visit on March 14, 2014. According to the report, CCL substantiated a personal rights violation against a staff that reportedly smoked cigarettes in front of a child and invited the child to smoke as well, took a child to her home and displayed inappropriate behavior with the child. The staff resigned from the facility prior to the citation.

**Recommendations:**

The Group Home's management shall ensure that:

1. SIRs are submitted timely.
2. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

**Facility and Environment**

- Common areas were not well maintained.

During the review, CAD noted inoperable smoke and carbon monoxide detectors in two of the residential cottages. CAD immediately notified the Group Home of the required repairs. On June 23, 2015, CAD visually confirmed that both the smoke and carbon monoxide detectors were in working order.

- Children's bedrooms were not well maintained.

During the review, CAD noted no fitted sheet on the mattress in one bedroom and the blinds and drawers were broken in three different bedrooms. CAD immediately notified the Group Home of the required repairs. On June 23, 2015, CAD visually confirmed that these items had been provided and/or repaired.

**Recommendations:**

The Group Home's management shall ensure that:

3. Common areas are well maintained.
4. Children's bedrooms are well maintained.

**Maintenance of Required Documentation and Service Delivery**

- DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs) was not obtained.

For 1 of 5 children, there was no DCFS CSW signature on the NSP and only one documented attempt was made by the Group Home to obtain the signature.

At the Exit Conference, the Group Home representative acknowledged the deficiency and stated that the Group Home would ensure that NSPs are signed and sent out as required. The Group Home representative further stated that if the DCFS CSW's signature cannot be obtained, at least three efforts to obtain the signature will be documented in the file.



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CAD conducted a follow-up visit on October 19, 2015 and reviewed files for three children not included in the original sample. CAD confirmed that NSPs are being signed by the DCFS CSWs and/or the Group Home's efforts to obtain signatures are being documented as required.

- Initial NSPs were not developed timely.

In 4 of 5 Initial NSPs reviewed, the NSPs were not developed timely.

At the exit conference, the Group Home representative acknowledged the deficiency and stated that the Group Home would ensure that all NSPs are developed within required timeframes.

CAD conducted a follow-up visit on October 19, 2015, and reviewed files for three children not included in the original sample. CAD confirmed that Initial NSPs are being developed in a timely manner.

- Updated NSPs were not developed timely.

In 3 of 5 Updated NSPs reviewed, the NSPs were not developed timely.

At the exit conference, the Group Home representative acknowledged the deficiency and stated that the Group Home would ensure that NSPs are developed within required timeframes.

CAD conducted a follow-up visit on October 19, 2015, and reviewed files for three children not included in the original sample. CAD confirmed that Updated NSPs are being developed in a timely manner.

**Recommendations:**

The Group Home management shall ensure that:

5. DCFS CSW's authorization is obtained and/or efforts are documented.
6. Initial NSPs are developed timely.
7. Updated NSPs are developed timely.

**Personal Rights and Social/Emotional Well-Being**

- Appropriate staffing and supervision was not provided.

Of the children interviewed, 1 of 5 stated that they feel there is not enough staff to supervise the children in placement.

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At the exit conference, the Group Home representative stated that the Group Home complies with required staffing levels at all times. The Group Home representative stated that they conduct regular semi-annual satisfaction surveys and focus groups with the children and use the results to help improve the services they provide to the placed children.

- The rewards and discipline system is not appropriate.

Of the children interviewed, 1 of 5 stated that they believe the rewards and discipline system is not fair, that staff show favoritism to some residents and punish other residents for the same thing.

At the exit conference, the Group Home representative agreed to further train staff regarding appropriate supervision of the children and review the appropriate application of the Group Home's point and level system to ensure consistency. According to the Group Home representative, feedback from the previous year's satisfaction surveys resulted in a modified point system, increasing recreational opportunities and bonuses for the level system.

On October 21, 2015, CAD was provided verification that the Group Home staff were trained on the point level system implementation.

**Recommendations:**

The Group Home management shall ensure that:

8. Adequate staffing and supervision is provided.
9. The rewards and discipline system is appropriate.

**PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD'S) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The OHCMD's last compliance report dated January 29, 2014, identified six recommendations.

**Results**

Based on CAD's follow-up the Group Home implemented 4 of 6 recommendations for which they were to ensure that:

- Children obtain timely Initial medical examinations.
- Current psychiatric evaluations are in the child files for each child prescribed psychotropic medication.
- Children are given the opportunity to plan age-appropriate, extra-curricular enrichment and social activities in which they have an interest at school, in the community, or at the Group Home.

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- Children are encouraged and assisted in creating and updating a Life Book or Photo Album.

The Group Home did not implement 2 of 6 recommendations for which they were to ensure that:

- Comprehensive Initial NSPs were developed.
- Comprehensive Updated NSPs were developed.

**Recommendation**

The Group Home management shall ensure that:

10. The outstanding recommendations from the report dated January 29, 2014, which are noted in this report as recommendations 6 and 7 are fully implemented.

At the exit conference, the Group Home representative expressed the desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home made efforts to utilize information from the CAD review to strive towards greater overall compliance. CAD conducted a follow-up visit on October 19, 2015, and determined that the Group Home implemented 7 of 9 recommendations noted in this report. CAD will continue to assess implementation of the recommendations during our next review. The OHCMD will provide ongoing support and technical assistance prior to the next review.

Revised: 12/8/15

Originally submitted: 7/29/15

Department of Children and Family Services  
Attn: Eboni Alexander  
Contract Services Bureau,  
Contracts Administration Division  
3530 Wilshire Blvd., Fourth Floor,  
Los Angeles, CA 90010  
(213) 351-0176

Re: CAP for Group Home Monitoring 2015

**Section 1 Licensure/Contract Requirements:**

*Item Number 4: Are all SIRs appropriately documented and cross reported timely:*

Deficiency noted: During the review, one SIR was identified as not reported timely. It is unknown at this point why it was submitted late, as it was an SIR from 9/24/2014.

Corrective Action: In order to ensure that SIRs are reported timely, Monday through Friday each cottage/house supervisor is responsible by 4:00 PM to ensure they review any SIRs from their house/cottage and submit them within required contractual guidelines. If a cottage/house supervisor will be out of the office, it is his/her responsibility to ensure another supervisor reviews the SIRs and submits them within contractual guidelines. On Weekends and Holidays, the Intervention Office Staff is responsible for reviewing and submitting them each of these days within required contractual guidelines. All supervisor staff have been informed via email on 7/29/15 that if they are aware of any SIR that is submitted late they are to inform the Chief Program Officer. If an SIR is submitted late then progressive disciplinary action will be taken as necessary. In addition, the agency's Quality Improvement/Assurance Coordinator will be monthly random sampling SIRs to check and ensure they are meeting documentation standards and that they are submitted in timely manner.

*Item Number 9: Is the group home free of any substantiated CCL complaints on safety and/or physical plant deficiencies since the last review?*

Deficiencies noted: During the review period the agency had three facility evaluation and two complaint investigations that were substantiated.

The facility evaluation reports were as follows:

1) Staff made a medication error; 2) Staff did not utilize proper Pro-Act techniques in restraining a youth during a fight; and 3) The agency needed to fix window screens to close gaps between the window and the screen.

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The complaint investigations were as follows:

1) Staff did not have youth put on sun-block prior to a beach outing and did not bring suntan lotion with them and some of the youth obtained a sunburn; and 2) Allegations that a staff took a youth to her home, smoke a cigarette in front of the youth and asked the youth if she wanted to smoke.

Corrective Action: The agency provided CCL with the necessary corrective action plans and the corrective action plans were accepted. For the facility evaluation reports the following occurred: 1) Staff was disciplined which included an unpaid suspension from work and she had to undergo agency medication retraining; 2) The staff was disciplined which included an unpaid suspension and he had to undergo Pro-Act retraining; and 3) All the screens were fixed to close the gaps.

For the complaint investigation about youth obtaining a sunburn while on an outing, the agency submitted a corrective action plan which included a new procedure for staff to follow to ensure youth put on sun-block before they go on the outing or they don't go and they have to reapply it while on the outing and those that refuse will have to return. The agency is appealing the other complaint investigation as originally CCL indicated it was inconclusive and then changed it to substantiated without any new information being obtained or provided.

### Section II: Facility and Environment:

Item Numbers 11 and 12: *Are common quarters well maintained? Are children's bedrooms well maintained?*

Deficiencies noted in Common Quarters: In Wynn cottage the smoke detector in the living room was not working properly and in Tarr one carbon monoxide detector needed to be repaired. Both were identified as in working condition on 6/23/15.

Deficiencies noted in children's bedrooms: In Wynn cottage one bedroom had a smoke detector that was not working properly and one bed was missing a fitted sheet. In another two bedrooms, the blinds and drawers were broken. In Tarr, three mattresses needed to be replaced and in two bedrooms the blinds were broken. In one bedroom the smoke detector was broken. In Turner, some blinds needed to be repaired. All were identified as corrected on 6/23/15.

The agency had maintenance test the detectors yearly. However, this is evident that this is not frequently enough. Cottage staff are also to daily check the rooms and living areas and identify things needing to be fixed and to put in maintenance requests as soon as they see something fixed but again it is evident that staff either are failing to do this and/or are missing checking such things as the blinds (which were missing the wand to open and close the slats for instance).

Corrective Action: Each morning the cottage AM staff are to go through the cottage and do an inspection to identify if there are any maintenance issues or concerns. If there are the staff that

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identified them is to ensure a maintenance request is made and submitted and if it is an emergent need to call a supervisor and the maintenance supervisor as quickly as possible. Then once a month, at the Double Team Meetings (where typically all or most of the staff are in attendance), the team will go through each room and living areas to check the cottage and ensure all items are in good working order including all the detectors. This will be documented on a monthly check-off form. The residential program manager will be responsible for collecting and reviewing these forms and doing random visits to cottages to verify the forms were completed accurately.

### **Section III: Maintenance of Required Documentation and Service Delivery:**

*Item Numbers 16, 23, and 24: Did the group home obtain or document efforts to obtain County Worker's authorization to implement Needs and Services Plan?; Did the treatment team develop timely, comprehensive, initial NSPs?; Did the treatment team develop timely and comprehensive, updated NSPs?*

#### Deficiencies noted are as follows:

Question 16#: Child #2 did not have CSW signature and only one documented attempt;

Question #23: Child #1, #2, #3, and #5 had initial late NSP as they were mailed out to CSW after required timeframe;

Question #24: Child #2, #3, and #5 updated NSP were identified as late being mailed out to CSW and also for Child #3 and #5 signatures were late.

The agency did not have a sufficient process to ensure that the attempts to obtain the worker's signatures were documented and to ensure all NSPs were signed and delivered timely.

Corrective Action: The agency has put in the following processes to ensure there are at least 3 documented attempts to obtain the county worker's signatures on the NSPs. The two support staff assigned to this task are responsible for documenting for 3 consecutive weeks attempts to obtain the Case Worker's signature on the NSP. This will be evident either through email documentation and/or fax and filed in the resident's chart. If after these 3 attempts they are unable to get the worker, the support staff shall inform the cottage supervisor who will continue to follow-up with the worker and/or supervisor as needed.

To ensure that the NSPs are signed and sent out within contractual guidelines the agency has put in the following procedures. The support staff send out at the end of each month all coming due NSPs to each identified staff and provides them with a deadline that is two weeks before the NSP is actually due. They track when the staff completes their parts of the NSP and keep the Chief Program Officer informed if NSPs are not yet completed and are within 3 days of being due. The Chief Program Officer will follow-up with the staff and the appropriate supervisor to ensure it gets completed that day or the next day. The Chief Program Officer then reviews the NSPs for quality assurance and approves it for signatures no later than the due date. The support staff are then responsible for sending it out after signatures are collected to the case worker which should typically be that day or the next business day. At the beginning of the next month, the support staff provides the Chief Program Officer with a list

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of all the NSPs completed for that month and when they were completed by each identified staff and sent in. If there are identified issues with particular staff, then progressive disciplinary action will be taken.

## Section VII: Personal Rights and Social/Emotional Well-Being:

Item Numbers 38 and 41: Does GH provide appropriate staffing and supervision?; Is a fair rewards and discipline system in place?

Question 38: Main points of interview were: One youth indicated that she felt there wasn't enough staff to supervise and that she wishes there were more than two staff members. She also indicated that bullying is ignored by staff.

Question 41: Two children reported they believe there is favoritism that two children might do the same thing and one will be punished more severely than the other.

Corrective Action: The agency will provide a training for staff on September 9<sup>th</sup>, 2015 regarding appropriate supervision of youth and to review the agency's point and level system and the application of it to work to ensure consistency of the system. In addition, the agency does at least two times a year youth satisfaction surveys and has done focus groups with the residential youth to identify things the agency can do better. The satisfaction surveys are completed the computer through survey monkey and results are analyzed by the Chief Program Officer and Quality Improvement/Assurance Coordinator. These results then assist in determining what is reviewed in the focus groups conducted by the agency's Quality Improvement/Assurance Coordinator. This feedback is then compiled and analyzed. The agency will continue to do this and actually this past year the agency modified the point and level system based on feedback from youth, increased bonuses for the level systems, and increase opportunities for the youth to work together as a team to gain extra recreational incentive money. It is important to note that the agency complies with required staffing levels. Added 12/8/15: The agency just completed a satisfaction survey with the youth in placement and 91% of the youth agreed with the statement that staff give out fair and consistent consequences when the rules are broken.

If there is anything else that is needed, please let me know. Again, we appreciate the opportunity to work with DCFS and Probation in providing services to our common youth.

Sincerely,



Michael Miller, LMFT  
Chief Program Officer

Cc: Thomas Manning, CSA 1-Out of Home Care Management Division